RELAXATION, THE PHYSIOTHERAPIST AND THE PSYCHIATRIC PATIENT[1]

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This article discusses the role of relaxation training in psychiatric hospitals. Details of indications and contraindications are given. Interdisciplinary approach is stressed. Some ways in which physiotherapists may contribute to this area of patient care are suggested.

The use of relaxation techniques is becoming more popular in hospitals today. Many doctors have become aware that relaxation training may be an important adjunct to other forms of therapy. Relaxation often improves the general well-being of the patient. Increased referrals for relaxation training create a need for more detailed knowledge of the theory and practice of these techniques. At present relaxation is taught to patients in hospitals mainly by physiotherapists and by occupational therapists. Not infrequently, "therapists" such as junior nurses, who have little expertise in this area, are involved in supervising group relaxation sessions in hospitals. This situation may result from insufficient numbers of trained professional staff, and at present the trend may be changing, as greater interest is shown by the mental health administrators in employing more physiotherapists.

General outlines of theory and practice of relaxation techniques have been reported previously (Elton *et al.*, 1978). In brief, various theoretical aspects of relaxation involve:

1. The study of neuromuscular control. This theory proposes an intimate relationship between all mental and emotional states and concurrent muscular activity, and states that neither mental nor emotional arousal exists in the absence of activity in the associated muscle groups (Jacobson, 1938).

2. Mental relaxation is equally important (Rachman, 1965).

3. Relationships between the effects of relaxation, hypnosis, placebo and non-specific aspects of therapy require consideration (Elton *et al.*, 1977).

There are many techniques of relaxation training. Each of these various techniques may be useful for a particular patient but is not necessarily applicable to all patients. It is therefore advisable to be familiar with various methods. Relaxation may be taught either individually or in groups. Sometimes audio-cassettes are used. Group relaxation presents problems, and a number of precautions should be considered. The problems in teaching group

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relaxation increase when dealing with patients suffering from psychiatric problems.

RELAXATION AND THE PSYCHIATRIC PATIENT

There appears to be a paucity of studies describing the use of relaxation techniques in the treatment of psychiatric patients.

1. Yorkson and Sergeant (1965) described successful treatment of 92 psychiatric patients at Maudsley Hospital, London. All but one suffered from neuroses, and included phobias, anxiety, stuttering, alcoholism, bronchial asthma, drug dependence, enuresis, hypochondriasis, hysteria, and obsessive compulsive neuroses. One patient suffered from paranoid schizophrenia. Severely depressed patients were excluded from the study. All patients were reported as having an adequate grasp of reality and were keen to achieve relaxation. The treatment was given individually once and the patients were then taught autogenic principles of relaxation.
2. Graveling *et al.* (1974) described a study involving nurses as physiotherapists, trained in giving relaxation sessions to groups of patients. The method of treatment involved patients lying on the floor and listening to relaxation tapes made by a psychiatrist. The patients were also taught to use these techniques at home. The classes were followed by a discussion group, in which the patients expressed their feelings and interacted. The classes were limited to 6-8 patients. The main symptoms were anxiety and phobias. A detailed psychological assessment was carried out prior to the admission to determine the patient's suitability for the programme.
3. Crouch (1970) reported success in the use of relaxation techniques with 48 male psychiatric patients. He made comparisons between the relative effectiveness of a patient demand schedule and a fixed schedule of relaxation. The demand group could request individual relaxation sessions at any time during a four-week period. The fixed schedule group had daily recorded relaxation sessions for four weeks. Although the demand group did not improve on anxiety scores, they showed considerable improvement in terms of maladaptive behaviour. The reverse trend was shown for the fixed schedule group.
4. Zeisset (1968) used relaxation with or without imagery and desensitization procedures to improve patients' interview anxiety. The study showed that the use of imagery was not successful, and occasionally contraindicated. Simple relaxation, focusing on muscle tension and relaxation or desensitization improved the specific behaviour under study, but had no effect on the general state of tension of the patient, as observed in the ward. The authors stated that "individual relaxation may be all that psychiatric patients are capable of receiving".

To summarize, in most of the studies the patients treated suffered from neuroses. The most important presenting symptom was anxiety. The most beneficial results were achieved by individual therapy. In all these studies the patients were interviewed individually prior to admittance to a group. One study described group relaxation practice given by the nursing staff.

Indications for Relaxation Therapy

Psychiatric patients pose various problems even individually. As a group, the difficulties encountered are even more marked. Therefore the guidelines applied for general relaxation need to be observed even more stringently with psychiatric patients.

1. Pre-selection of patients should always be carried out.
2. The physiotherapist should be aware of the patient's medical and psychiatric history.
3. Each patient should be assessed in detail prior to his placement in a group.
4. Patients who might be potentially disruptive to the group should be excluded.

5. A homogeneous group, both in level of functioning and in level of motivation is desirable.
6. The size of a group should not exceed 6-8 patients.
7. A follow-up is necessary to determine the efficacy of relaxation.
8. Alternatives to relaxation therapies need consideration.

Patient Selection

The patients who benefit most from relaxation training tend to be those suffering from anxiety. Relaxation is often helpful in treatment of psychosomatic diseases.

Relaxation training is contraindicated in some conditions. It should be used cautiously in patients suffering from schizophrenia, as their reality testing is often greatly impaired. The use of imagery may, for example, precipitate or aggravate hallucinations. These patients benefit more from reality oriented tasks, such as exercises, and occupational activities, such as weaving, carpentry and so on. Severely depressed patients should also be treated cautiously. In cases of psychomotor retardation instructions are difficult to comprehend and cooperation may not be possible. Patients with agitated depression may have similar difficulties. Sometimes when a depressed patient is successfully relaxed, he may be freed from concern about committing suicide. Manic patients are difficult to manage in relaxation training, their cooperation and concentration being minimal. Their hyperactivity may upset other patients and disrupt the group's relaxation.

In general, the use of relaxation, particularly in group situations, is contraindicated for severely disturbed patients, suffering from psychoses. Audio-cassettes should definitely not be used with this group.

Staff members themselves often benefit from group relaxation sessions, particularly when their work is stressful.

Application of Relaxation Training

If the therapists decide to use relaxation training with severely disturbed patients they might show better results by keeping it at the level of muscular tension and relaxation and breathing exercises, without the use of visual imagery. The training should be supervised by an experienced therapist.

The patients should be observed to note any adverse effects such as extreme anxiety. Preferably, audio-cassettes should not be used in group situations. Individual differences between patients often result in a diversity of responses to a specific audio-cassette. Cassettes do not allow flexibility of instructions; a therapist, present at the time, can alter them as required. The imagery which is pleasurable to the majority of patients may be threatening and difficult for some and may produce marked anxiety, hyperventilation, panic reactions or tension headaches. Some people are most comfortable on the beach, while others prefer the imagery of mountains, still others prefer the imagery of resting in a warm bath. It is usually advisable when imagery is to be used that the patient is asked what the preferred scene should be, instead of imposing the therapist's scene on him. These procedures are particularly important with people who have difficulty with emotional control.

In conclusion, relaxation therapy has a valuable role in the treatment of patients in psychiatric hospitals. Maximum efficiency requires a thorough knowledge of both the theoretical and practical issues. An interdisciplinary approach is usually the most beneficial. A good understanding between various professionals involved in the patients' management is always helpful. Each professional should clearly outline his own contribution and problems involved in therapeutic management. This will promote a better understanding of the problems of each profession. The resultant improved care will benefit the patients. It will also be of benefit to the therapists teaching the group relaxation, since it will increase their understanding of their work, making the treatment more successful, and thus providing them with an increased pride in their professional role.

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